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Bib Data Sheet

CONFIRMATION NO. 4216

SERIAL NUMBER 09/911,859	FILING OR 371(c) DATE 07/25/2001 RULE	CLASS 370	GROUP ART UNIT 2665	ATTORNEY DOCKET NO. 033337/0108
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APPLICANTS

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**** CONTINUING DATA *********** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 10/12/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MD	SHEETS DRAWING 8	TOTAL CLAIMS 36	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

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TITLE

ZERO DATA LOSS NETWORK PROTECTION

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